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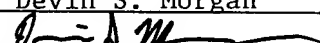


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PTO/SB/50(08-00)

REISSUE PATENT APPLICATION TRANSMITTAL

Addressto: Assistant Commissioner for Patents Box Reissue Washington, DC 20231		Attorney Docket No. 47382.000060 First Named Inventor Johnson, et al. Original Patent Number 5,812,249 Original Patent Issue Date (Month/Day/Year) 09/22/98 Express Mail Label No.	
APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent (Check applicable box)			
APPLICATION ELEMENTS (37 CFR 1.173) 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claim small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) 6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (PTO/SB/96)		ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c). 8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbed Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. Other: ...Unsigned Re-Issue...Declaration.....	
15. CORRESPONDENCE ADDRESS <input type="checkbox"/> Customer Number or Bar Code Label  or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)			
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 47382.000060			
Claims as Filed - Part 1									
Claims in Patent		Number Filed in Reissue Application		(3) Number Extra		Small Entity		Other than a Small Entity	
						Rate	Fee	Rate	Fee
(A) 9	Total Claims (37CFR 1.16(j))	(B) 9	****	=	x \$	=		or	x \$ 18 = 0
(C) 3	Independent Claims (37CFR 1.16(i))	(D) 3	.	=	x \$	=			x \$ 78 = 0
Basic Fee (37CFR 1.16(h))							\$		\$ 690.00
Total Filing Fee							\$	OR	\$ 690.00
Claims as Amended - Part 2									
(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For		(3) Extra Claims Present		Small Entity		Other than a Small Entity	
						Rate	Fee	Rate	Fee
Total Claims (37CFR 1.16(j))		*** 20	MINUS	** 20	= 0	x \$	=	x \$ 18 =	0
Independent Claims (37CFR 1.16(i))		*** 5	MINUS	***** 3	= 2	x \$	=	x \$ 78 =	156.00
Total Additional Fee							\$	OR	\$ 156.00
<p>* If the entry in (D) is less than the entry in (C), write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-0206</u>.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>846.00</u> to cover the filing/ additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>									
09/22/00 Date		 Signature of Applicant, Attorney or Agent of Record							
		Devin S. Morgan Typed or printed name							

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CERTIFICATE UNDER 37 C.F.R. § 3.73(B)

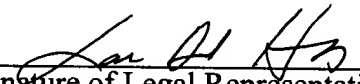
ENVIROTEST SYSTEMS CORP. certifies that it is assignee of the entire right, title and interest in the patent identified above by virtue of a chain of title from the inventor(s) of the patent identified above, to the current assignee as shown below:

1. From: James H. Johnson et al.
To: Envirotest Systems Corp.
The document was recorded in the Patent and Trademark Office
at Reel 8324, Frame 0932

The undersigned (whose title is supplied below) is empowered to sign this certificate on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code.

Date 2/29/00


Signature of Legal Representative of
Envirotest Systems Corp.

Name: LAURENCE DAVID HURWITZ
Title: VP & GENERAL COUNSEL

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